



Case Docket No. 032531.000002

Date: July 16, 2003

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing is an application of Inventor:
Donald H. Gehring

For: **Tendon Assembly for Mooring Offshore Structure**

Enclosed are:

8 sheets of drawings

x Power of Attorney

x Declaration

x Information Disclosure Statement

 NonPublication Request

x Please return the enclosed self-addressed postcard to the undersigned, properly date stamped, upon receipt of the enclosure.

CLAIMS AS FILED				
FOR	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$750/\$375
TOTAL CLAIMS	20 - 45 =	25	X \$18/9	\$225
MULTIPLE CLAIMS			X \$280/140	
INDE- PENDENT CLAIMS	3 - 5 =	2	X \$84/\$42	\$84
TOTAL FILING FEE				\$684

x Reduced fees for small entity. Applicant is entitled to small entity status.

TOTAL FEE \$684

The PTO did not receive the following
listed item(s) 8 Sheet of drawing
only 2 Sheet

The stamp of the **PATENT OFFICE** placed hereon, acknowledges receipt of:

Applicant: Donald H. Gehring

Serial No. _____ Client/Matter # 032531.000002

Date Mailed 7/16/03 Due Date _____ Atty: IER

Title: Tendon Assembly for Mooring Offshore Structure

- | | |
|--|---|
| <input type="checkbox"/> Amendment | <input checked="" type="checkbox"/> Check for \$ <u>684</u> |
| <input type="checkbox"/> Restriction Requirement | <input type="checkbox"/> Author. Charge Dep. Acct. _____ |
| <input type="checkbox"/> Amendment after Final | <input type="checkbox"/> Extension of Time, Check for \$ _____ |
| <input type="checkbox"/> Appeal Brief, _____ copies | <input checked="" type="checkbox"/> Information Disclosure Statement |
| <input checked="" type="checkbox"/> Application for Patent including | <input type="checkbox"/> Submission of Missing Parts, Ck for \$ _____ |
| <u>18</u> pgs Spec, <u>45</u> Claims <input checked="" type="checkbox"/> Abstract | <input type="checkbox"/> Maintenance Fee Transmittal, _____ Yr. |
| _____ Cont. of prior app. no. _____ | <input type="checkbox"/> Change of Fee Address |
| _____ CPA _____ Divisional _____ CIP _____ PCT | <input checked="" type="checkbox"/> Form PTO-1449, <input checked="" type="checkbox"/> References |
| <input checked="" type="checkbox"/> Reg. App. _____ RCE _____ Provisional _____ \$371 | <input type="checkbox"/> Issue Fee Transmittal, Check for \$ _____ |
| _____ Conversion with priority: _____ Yes _____ No | <input type="checkbox"/> Notice of Appeal, Check for \$ _____ |
| _____ Foreign priority claimed | <input type="checkbox"/> PCT Demand Form |
| <input checked="" type="checkbox"/> Drawings <u>8</u> sheets <input checked="" type="checkbox"/> formal _____ informal | <input type="checkbox"/> PCT Defects Response |
| <input checked="" type="checkbox"/> Declaration | <input type="checkbox"/> PCT Request Form |
| <input type="checkbox"/> Assignment/Cover Sheet, Check for \$ _____ | <input checked="" type="checkbox"/> Power of Attorney |
| <input checked="" type="checkbox"/> Cert. of Exp. Mail under 37 C.F.R. § 1.10 | <input type="checkbox"/> Preliminary Amendment |
| Express Mail No <u>EV342412779US</u> | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Cert. of Mailing under 37 C.F.R. § 1.8(a) | <input type="checkbox"/> Request for Certificate of Correction |
| <input type="checkbox"/> Transmittal Letter | <input type="checkbox"/> Request for Corrected Filing Receipt |
| <input type="checkbox"/> Other _____ | |

